



Australian Government
Aboriginal Hostels Limited



STUDENT ENROLMENT APPLICATION PACK



For assistance in completing this application, please contact:

EMAIL boarding@ahl.gov.au

INTRODUCTION

Welcome to Aboriginal Hostels Limited (AHL)

At AHL, we provide secondary education Boarding Houses across the country for Aboriginal and Torres Strait Islander students. You can find us in:

| | | |
|------------|------------------------|--|
| NSW | Sydney | Biala (all girls) / Kirinari Sylvania (all boys) |
| | Newcastle | Kirinari (all boys) |
| | Dubbo | Grey St. (mixed gender) |
| NT | Katherine | Fordimail (mixed gender) |
| | Tennant Creek | Student Accommodation Centre (mixed gender) |
| | Wadeye | Kardu Darrikardu Numida (mixed gender) |
| WA | Kununurra | Kununurra (mixed gender) |
| QLD | Thursday Island | Canon Boggo (mixed gender) |

Our commitment in each of our Boarding Houses is to ensure that we provide:

- a home away from home experience that supports and enhances our student's educational, emotional, social, economic and cultural development;
- a fair, honest and culturally respectful environment that values each student and where they come from;
- the highest level of care and protection;
- nutritious meals;
- extra-curricular support; and
- students with access to wrap around support services.

APPLYING FOR ENROLMENT

This Enrolment Application pack needs to be fully completed in order for your child to be considered for a place at AHL. The key factor that will determine whether your child will be accepted into the House is their desire and passion for gaining a good education and their ability to contribute to the community that is in the Boarding House.

We will:

- Look for a good school attendance record
- Review current school reports
- Discuss with current school staff and/or the Principal:
 - > academic achievement;
 - > student strengths and interests;
 - > areas for growth;
 - > conduct and behaviour; and
 - > access to One School information.

We also want to ensure that this is the best decision for you, as well as your child. In order to do that, we will have discussions with the student and with you — where possible through face-to-face interviews. Please note that in order to make a decision about your application, our Boarding House may seek information from community members and organisations.

Thank you for your application. We will be in contact with you soon.

SECTION A — STUDENT INFORMATION

1. STUDENT'S FULL NAME AND PRIMARY CONTACT DETAILS

| | |
|-----------------|----------|
| Given names: | Surname: |
| Preferred name: | |
| Home address: | |
| | |
| Email: | Phone: |

2. WHO DOES THE STUDENT LIVE WITH?

☐ Parents ☐ Grandparents ☐ Aunty and Uncle ☐ Guardian ☐ Other _____

Their name and address:

| | |
|---|----------|
| Given names: | Surname: |
| Home address (if different from above): | |
| | |
| Email: | Phone: |

If contactable via Community, name the community organisation and provide relevant contact details:

Preferred method and time of contact:

(You may select more than one)

| | | |
|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Phone | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

3. STUDENT'S BIRTH AND CULTURAL HERITAGE

| | | |
|--|---------------------------|---------------|
| Date of birth: / / | Your child's birth place: | State: |
| Your child's birth certificate number: | | State issued: |

If you don't know the birth certificate number, do you give Our Boarding House permission to request a copy from Birth, Deaths and Marriages? ☐ No ☐ Yes

Your child's cultural heritage:

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander

| | |
|-----------------------------|------------------------|
| Clan name: | Your child's religion: |
| Language(s) spoken at home: | |

4. SCHOOL ATTENDED MOST RECENTLY

| | |
|----------------|-----------|
| School name: | Location: |
| Year Attended: | |

5. GOVERNMENT FINANCIAL ASSISTANCE

Is the student eligible for Abstudy? ☐ No ☐ Yes

Is the student receiving a Centrelink Youth Allowance? ☐ No ☐ Yes

Does the student have a Tax File Number? ☐ No ☐ Yes _____

6. DOES YOUR CHILD HAVE A CRIMINAL RECORD?

☐ No ☐ Yes — if yes, please provide details here:

Name of their Juvenile Justice Case Worker: _____

Do you give permission for us to contact their Case Worker? ☐ No ☐ Yes

7. WHY DO YOU WANT TO BOARD WITH AHL? *(To be completed by the student)*

8. WHAT BOARDING HOUSE WOULD YOU LIKE TO STAY IN?

☐ Kirinari Sylvania

☐ Tennant Creek

☐ Wadeye

☐ Kirinari Newcastle

☐ Kununurra

☐ Fordimail

☐ Grey St

☐ Biala

☐ Cannon Boggo Pilot

SECTION B — FAMILY INFORMATION

1. PARENT / GUARDIAN 1

☐ Ms ☐ Miss ☐ Mrs ☐ Mr

Given names:

Surname:

Place of birth:

Date of birth:

Do you speak a language other than English at home? ☐ No ☐ Yes

If more than one language, please indicate the one that is spoken most often: _____

What is your relationship to the student? (eg. mother, aunt, grandmother, sister, family friend) _____

Are you the student's legal guardian? ☐ No ☐ Yes Does the student live with you permanently? ☐ No ☐ Yes

2. CONTACT INFORMATION

Home address:

Community address (if different from above):

Home phone:

Mobile:

Work phone:

Email:

UNDESIRABLE CONTACT

If a person is banned by law or you have reason to believe it is not suitable for a particular person to have contact with this student please outline the details below:

Full name:

☐ This person legally is not to have contact

☐ I prefer this person doesn't have contact

3. CULTURAL IDENTITY/ NATIONALITY:

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander

☐ Other — please specify: _____

4. RELIGION

Do you expect the student to access Religious instruction? ☐ No ☐ Yes

5. EMPLOYMENT

Are you currently employed? ☐ No ☐ Yes

If yes, please provide the name of your employer:

Occupation:

6. ASSISTANCE: DO YOU RECEIVE ANY OF THE FOLLOWING PAYMENTS?

☐ Parenting Payment ☐ Newstart Allowance ☐ Pension ☐ Sickness benefit

☐ Sole Parent Pension ☐ Family Allowance ☐ Community Development Programme

7. PARENT / GUARDIAN 2

☐ Ms ☐ Miss ☐ Mrs ☐ Mr

Given names:

Surname:

Place of birth:

Date of birth:

Do you speak a language other than English at home? ☐ No ☐ Yes

If more than one language, please indicate the one that is spoken most often: _____

What is your relationship to the student? (eg. father, uncle, grandfather, brother, family friend) _____

Are you the student's legal guardian? ☐ No ☐ Yes Does the student live with you permanently? ☐ No ☐ Yes

8. CONTACT INFORMATION

Home address:

Community address (if different from above):

Home phone:

Mobile:

Work phone:

Email:

UNDESIRABLE CONTACT

If a person is banned by law or you have reason to believe it is not suitable for a particular person to have contact with this student please outline the details below:

Full name:

☐ This person legally is not to have contact

☐ I prefer this person doesn't have contact

9. CULTURAL IDENTITY/ NATIONALITY:

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander

☐ Other — please specify: _____

10. RELIGION

Do you expect the student to access Religious instruction? ☐ No ☐ Yes

11. EMPLOYMENT

Are you currently employed? ☐ No ☐ Yes

If yes, please provide the name of your employer:

Occupation:

12. ASSISTANCE: DO YOU RECEIVE ANY OF THE FOLLOWING PAYMENTS?

☐ Parenting Payment ☐ Newstart Allowance ☐ Pension ☐ Sickness benefit
☐ Sole Parent Pension ☐ Family Allowance ☐ Community Development Programme

PLEASE NOTIFY US IF YOUR ADDRESS AND CONTACT DETAILS CHANGE

It is your responsibility to ensure our Boarding House has an up-to-date contact in case of an emergency.

13. SPECIAL FAMILY CIRCUMSTANCES

Are there any special family circumstances? (eg. *single parent custody, dual custody foster care, access restrictions*) ☐ No ☐ Yes

If yes, supporting legal documents are required — are these attached? ☐ No ☐ Yes

Are there any other conditions enforced by law? Please provide details:

14. SIBLINGS

Has the student got any brothers or sisters currently boarding with or intending to enrol at AHL in the near future? ☐ No ☐ Yes

| | | |
|-------|-----------------|---------|
| Name: | Enrolment Year: | Hostel: |
| Name: | Enrolment Year: | Hostel: |
| Name: | Enrolment Year: | Hostel: |
| Name: | Enrolment Year: | Hostel: |

This section must be filled out in full for your child's enrolment application to be accepted.

Medicare Card number:

Valid to: / Healthcare/Pension card/CRN Number:

Community Health Centre:

Phone number:

Private Health Fund: ☐ No ☐ Yes (if yes, please specify):

Blood group (if known):

Pos/Neg:

Is the student a carrier of any blood borne infection? (eg. HIV, Hepatitis)*

☐ No ☐ Yes

If yes, please provide details:

** It is not AHL policy to exclude a student because he/she is a carrier or suffers from a blood borne infection. However, the Boarding House does require full information on the infection in order to manage the student's activities and to respond appropriately to any accident or emergency.*

Does the student have a Medic Alert bracelet or pendant?

☐ No ☐ Yes

If yes, please provide details:

Is there any cultural or religious consideration relating to student's medical or health care?

☐ No ☐ Yes

If yes, please provide details:

Please indicate if the student has any existing health conditions:

Physical Disability: ☐ No ☐ Yes

If yes: _____

Psychological/Mental Health: ☐ No ☐ Yes

If yes: _____

Behavioural or Safety: ☐ No ☐ Yes

If yes: _____

Sensory (Vision/Hearing): ☐ No ☐ Yes

If yes: _____

Communication: ☐ No ☐ Yes

If yes: _____

Other — *please specify:*

Please indicate if the student has any of the following chronic conditions? *(please tick or add details on following page)*

☐ Epilepsy☐ Diabetes

☐ Rheumatic heart disease or other heart sickness

☐ Kidney disease or other kidney problems☐ Asthma or breathing problems☐ Auto immune disease☐ Allergies☐ Migraines☐ Ear infection or perforation (hole in the ear drum)☐ Hearing problems☐ Eye/vision problems

If yes, details of the chronic condition:

Is the student currently taking medication? ☐ No ☐ Yes *If yes, please list below or on a separate sheet, if necessary.*

3. PRESCRIPTION MEDICATIONS

Please list current prescription medications, their dose and frequency that the student is currently taking:

| Name of medication | Dose | Frequency | Duration | By self or needs assistance |
|--------------------|------|-----------|----------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

4. NON-PRESCRIPTION MEDICATIONS

Please list specific non-prescription medications to be administered when required (eg. Panadol, Mylanta etc):

| Name of medication | Dose | Frequency | Duration | By self or needs assistance |
|--------------------|------|-----------|----------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

5. ASTHMA HISTORY

Has the student **been to hospital due to asthma** in the past 2 years? ☐ No ☐ Yes

If yes, please provide details: _____

Has student been treated with **oral corticosteroids** in the past 12 months? ☐ No ☐ Yes

If yes, please provide details: _____

Name, dose and device used of **current preventer medication**: _____

What signs/symptoms does student display when their asthma is getting worse?

Name, dose and device used of **current reliever medication**: _____

Does student have an asthma action plan? ☐ No ☐ Yes — if yes, please attach a copy.

6. ALLERGIES/ANAPHYLACTIC REACTIONS

Please provide details of any diagnosed allergies and/or anaphylactic reactions to the following:
(please attach treatment plan if applicable)

- ☐ Medications (e.g. Penicillin) _____
- ☐ Food (e.g. peanuts) _____
- ☐ Other (e.g. plants, insect bites/stings, etc.) _____

7. IMMUNISATION INFORMATION

Immunisation record attached: ☐ No ☐ Yes

Please indicate immunisation status in the boxes below using the most appropriate code:

F = Fully immunised

N = Not immunised

I = Incomplete immunisation

P = Personal objections

| | | | | | |
|-------------|-------|-------------|-------|------------|-------|
| Measles | _____ | Mumps | _____ | Rubella | _____ |
| Tetanus | _____ | Pertussis | _____ | Diphtheria | _____ |
| Polio (OPV) | _____ | Hepatitis B | _____ | Hib | _____ |
| BCG | _____ | | | | |

8. EMERGENCY CONTACT DETAILS (IF PARENT/GUARDIAN CANNOT BE REACHED)

| | |
|----------|--------------------------|
| Name 1: | Relationship to student: |
| Address: | |
| | Phone: |
| Mobile: | Work phone: |
| Name 2: | Relationship to student: |
| Address: | |
| | Phone: |
| Mobile: | Work phone: |

If in an emergency, you or your emergency contacts cannot be contacted, do you give permission for our Boarding House to request the police to make contact with the family?

☐ No ☐ Yes

SECTION D — ADDITIONAL INFORMATION

PRIVACY AND INFORMATION POLICY

- Our Boarding House collects personal information, including sensitive information about students, parents or guardians before and during the course of the student's enrolment at the House.
- Certain laws governing or relating to the operation of the boarding facility require that certain information be collected. These include Public Health and Child Protection Laws.
- Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about students when requested.
- Our Boarding House occasionally has to disclose personal and sensitive information to others for administrative, educational, health and well-being purposes. This includes to schools in which your student is enrolled, Government departments, medical practitioners and people providing services to our Boarding House, including tutors, coaches, volunteers and counsellors.
- If we do not obtain the information referred to above we may not be able to enrol or continue to enrol your child at our Boarding House.
- **Personal information, including photographs, collected of students will be regularly disclosed to parents or guardians. Information such as academic and sporting achievements, student activities or other news is published in newsletters, media and on AHL webpages.**
- Parents may ask for access to personal information collected about them and their child by contacting the Boarding House. Students may also ask for access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an undesirable impact on the privacy of others, or access may result in breach of Boarding House duty of care to the students or where students have provided information in confidence.

ABSTUDY TRAVEL POLICY

Students approved for Abstudy may be entitled to travel to and from the House at the beginning and end of each school term. The Boarding House will arrange travel details direct with Abstudy and notify you of your child's travel arrangements once they have been booked.

IMPORTANT: Parents/Guardians must ensure your child boards the transport booked. Missing a flight/train/coach may result in Abstudy no longer funding travel for your child to the House.

If there is a need to reschedule travel (sorry business/illness/family business) you need to contact the House and Abstudy to arrange rescheduling (some costs and conditions may apply).

Parents/Guardians must accompany your child, or arrange for a responsible adult to accompany your child while traveling to and from the House. If you choose to allow your child to travel independently, AHL must be satisfied that suitable arrangements for care of travelling students have been made and will ask parents to confirm these as a condition of ongoing enrolment.

PLEASE NOTE: Students are required to arrive at the hostel at least 2 days prior to the first day of term and must return home within 2 days of the last day of term.

SECTION E — STUDENT AGREEMENT

I, _____ (student name) want to come to the Boarding House for educational reasons.

- I will attend school every day unless I have permission from my Boarding Supervisor.
- I will return straight home on the bus from school every day unless there are school activities and/or I have prior permission from the Boarding Supervisor.
- I will study with Tutors and complete further hours of study as required to finish my homework and to hand in my assignments on time.
- I will follow boarding rules and will do tasks around the Boarding House as asked.
- I will do my very best to return to the House and school on time after my holidays. If I cannot return on time, I will call the House before I am due to arrive back to the Boarding house.
- I agree to pay for any damages I cause to Boarding House property.
- I understand that there will be no relationships of a sexual nature while I am living at the Boarding House.
- I will treat respectfully my fellow students, Boarding House staff and all people that I come in contact with during my time at the Boarding House.
- I will not bully or harass other students in Boarding House care.

I have read and understand these conditions. I accept and will abide by them.

(Student signature)

(Date)

SECTION F — PARENTAL CONSENT AND AGREEMENTS

1. GENERAL PARENTAL AUTHORITY AND CONSENT

I agree for the staff of the Boarding House to act on my behalf in matters concerning the safety, health and welfare of my child.

☐ No ☐ Yes

2. CONSENT TO WEEKEND VISITS (MAXIMUM OF 5 WEEKENDS PER TERM)

In conjunction with the Rules of our Boarding House, my child has my permission to stay overnight or on weekends with nominated people for a maximum of 5 weekends per term.

☐ No ☐ Yes

Nominated persons for weekend visits:

| | |
|----------|--------------------------|
| Name 1: | Relationship to student: |
| Address: | |
| Phone: | Mobile: |
| Name 2: | Relationship to student: |
| Address: | |
| Phone: | Mobile: |

I understand that by giving consent for other persons to take my child out of the Boarding House, I am agreeing to give that person(s) full responsibility for the well-being of my child.

☐ No ☐ Yes

I agree that, where my child is planning on staying overnight or on weekends with a nominated person, that the Boarding House will be notified by the Thursday before of the full details of who will be picking them up and dropping them back, and by when. I also agree that the nominate person picking up my child will present appropriate personal identification before they are signed out.

☐ No ☐ Yes

3. PRIVACY POLICY

As part of Boarding House activities there may, on occasion, be a need for the House or invited media to take photographs, voice and/or video footage of your child for publication in newspapers, newsletters, training videos, school/Boarding House websites, social media, and documentation. Please indicate below if you do/do not wish your child to feature in such publicity. In most circumstances, the images will not include any personal information regarding the student's identity.

I agree that photographs and/or video footage of my child may be taken and used for these purposes.

☐ No ☐ Yes

I agree that the information supplied on the Student Information and Family Information sections of this form can be provided to the relevant parties for the stated purposes.

☐ No ☐ Yes

4. TRANSPORT POLICY

I/We consent to my child travelling under the supervision of Boarding House staff on the House Bus or on public transport or by private car as required and whenever such travel is necessary in connection with the House activities.

☐ No ☐ Yes

5. MEDICAL EMERGENCY AUTHORISATION

I authorise Boarding House to seek medical/dental attention, call an ambulance or to hospitalise my child when considered necessary. I further authorise that, if an emergency occurs requiring surgery, anaesthetic, oxygen, or blood transfusion, medication and I am unable to be contacted within a reasonable time, our Boarding House has the authority to authorise on my behalf treatment as recommend by an accredited medical practitioner.

☐ No ☐ Yes

6. AUTHORITY/CONSENT TO SUPPLY MEDICAL INFORMATION

I authorise medical information (including dental and allied health information) about my child to be released and to be given to the Boarding House and any Medical Practitioners/Health Authorities so they can look after my child's health and administer standard treatments to ensure optimal health care for my child.

☐ No ☐ Yes

7. AUTHORITY/CONSENT FOR VACCINATIONS

I also give consent for my child to receive vaccinations and immunisations (e.g. polio, hepatitis B, rubella, tetanus) as recommended by a registered medical practitioner; to receive medical examination and emergency medical treatment if required as well as attend education sessions on topics deemed relevant or essential by the Boarding House.

☐ No ☐ Yes

8. AUTHORITY/CONSENT FOR GENERAL HEALTH SERVICES

AHL has partnered with the Department of Health to provide comprehensive and localised medical services at all Boarding Houses.

To optimise learning, the local medical services will help each student achieve and maintain their best possible health by offering all students a complete Health Check at commencement. This Health Check will help ensure that students are ready for learning by identifying or ruling out issues such as hearing and vision problems. The assessment will cover hearing, vision, dental and general health and well-being.

The local medical services will inform parents/guardians of any concerns arising from the Health Check, and will discuss with parents/guardians any follow-up required. If required, the GP will make a referral to the relevant specialist or other health provider for any follow-up. We will only share health-related information with other health providers if we have parental/guardian consent to do so.

In addition to the initial health check, the local medical services can support the ongoing health needs of your child by:

- Working with Boarding House staff to handle daily health needs of students including medication;
- Administration, non-invasive procedures, and care for chronic illness (diabetes, asthma, seizures, life threatening allergies and other concerns);
- Responding to any immediate health concerns, during clinic hours; and
- Providing health information and education to students.

I give consent for my child to have a complete Health Check on commencement at the Boarding House, receive ongoing health and dental care from local medical services and for the service to share health-related information with other health providers for the purpose of making a referral and/or coordinating health care.

☐ No ☐ Yes

9. AUTHORITY/CONSENT FOR EDUCATION INFORMATION

I give consent for our Boarding House to seek education information from my child's current and previous schools.

☐ No ☐ Yes

I give consent for the Boarding House to a One School Report on the students' behaviour from my child's current and previous schools.

☐ No ☐ Yes

10. AUTHORITY/CONSENT FOR CENTRELINK PURPOSES

I give permission for AHL staff to act on my behalf when working with Centrelink.

☐ No ☐ Yes

Note: If yes, please attach completed Centrelink form: Authorising a person or organisation to enquire or act on your behalf SS313.

11. AUTHORITY/CONSENT FOR ABSTUDY PURPOSES

I give full authority to AHL to enquire on my behalf about any Abstudy arrangements relating to my child boarding with AHL.

☐ No ☐ Yes

12. CHECKLIST, ACKNOWLEDGMENT AND SIGNATURE OF PARENT(S)/GUARDIAN(S)

I/We have completed this application form fully and to the best of my/our knowledge.

I/We acknowledge and accept that if it can be demonstrated that I/We have withheld information relevant to this application, especially in relation to this student's individual needs, medical conditions, health care requirements, Parenting Orders or other Court Orders then the application may be refused or enrolment terminated.

I/We have included copies of the following documents with this application for enrolment (please tick appropriate boxes):

- ☐ Birth Certificate
- ☐ Two most recent school reports and NAPLAN test results
- ☐ Relevant family court orders (*if applicable*)
- ☐ Medical reports and/or special needs information including clinical/educational assessments
- ☐ Immunisation record
- ☐ Tax file number (*if applicable*)
- ☐ Details of any medications – prescription and non-prescription
- ☐ Details of any allergies
- ☐ Centrepay application form
- ☐ Abstudy: authority to enquire form
- ☐ Centrelink form: Authorising a person or organisation to enquire or act on your behalf SS313

FOR THIS APPLICATION TO PROCEED, ALL REQUESTED INFORMATION MUST BE PROVIDED

I/We understand that that if this application is successful, the information that I/we have provided must be kept up to date throughout the enrolment period at the Boarding House.

I/We acknowledge that completion of this form does not necessarily follow that our student will be accepted into the Boarding House and that final selections will be determined in accordance with AHL's Boarding House enrolment criteria.

Our signature(s) below confirm our formal consent and agreements as recorded in Section F — Parental Consent and Agreements.

(Name)

(Signature)

(Date)

(Name)

(Signature)

(Date)